

Best Available Copy

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SD	71058	4/9/99
O.I.P.E. CLASSIFIER		49	4/14/99
FORMALITY REVIEW	DB	66373	4/21/99

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral) ... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	05/07/03
2	✓	✓	01/24/03
3	✓	✓	09/06/03
4	✓	✓	05/06/03
5	✓	✓	07/12/03
6	✓	✓	00/00/00
7	✓	✓	00/00/00
8	✓	✓	00/00/00
9	✓	✓	00/00/00
10	✓	✓	00/00/00
11	✓	✓	00/00/00
12	✓	✓	00/00/00
13	✓	✓	00/00/00
14	✓	✓	00/00/00
15	✓	✓	00/00/00
16	✓	✓	00/00/00
17	✓	✓	00/00/00
18	✓	✓	00/00/00
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24	✓	✓	00/00/00
25	✓	✓	00/00/00
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28	✓	✓	00/00/00
29	✓	✓	00/00/00
30	✓	✓	00/00/00
31	✓	✓	00/00/00
32	✓	✓	00/00/00
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45	✓	✓	00/00/00
46	✓	✓	00/00/00
47	✓	✓	00/00/00
48	✓	✓	00/00/00
49	✓	✓	00/00/00
50	✓	✓	00/00/00

Claim	Final	Original	Date
51	✓	✓	08/06/03
52	✓	✓	02/05/04
53	✓	✓	07/12/03
54	✓	✓	07/12/03
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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